

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41148

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 4237		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. LENGTH OF STAY (in this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		0487	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 South Grand Ave.				d. STREET ADDRESS (If rural, give location) 110 South Grand Ave.			
3. NAME OF DECEASED (Type or Print) Vernon		a. (First)		b. (Middle) Allen		c. (Last) Browning	
4. DATE OF DEATH Dec. 10, 1950				5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1902		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Greenwood, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME C.A. Browning		13b. MOTHER'S MAIDEN NAME Abbie Hall		14. NAME OF HUSBAND OR WIFE Viola Browning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 496-09-8536		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Browning, Lee's Summit, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day  4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 9, 1950, to Dec. 10, 1950, that I last saw the deceased alive on Dec. 10, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Clint R. Miller M.D.		(Degree or title)		23b. ADDRESS Lee's Summit Mo.		23c. DATE SIGNED 12-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	
DATE REC'D BY LOCAL REG. 12/14/50		REGISTRAR'S SIGNATURE Dorcas C. Emswiler		378 FUNERAL DIRECTOR'S SIGNATURE H. B. Langford		ADDRESS Lee's Summit, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 2 RECD

JAN 23 1937

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*M.B. Langeford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.